

The Commonwealth of Massachusetts
Town of Marion

ANNUAL REPORT – RAFFLES AND BAZAARS
(C. 810, Acts of 1969)

Date: _____

Name and Address of Nonprofit Organization:

Expiration Date of Permit: _____

Number of Raffles and Bazaars held: _____

Amount of money received: \$ _____

Expenses connected with Raffles and Bazaars conducted:
\$ _____

Net proceeds: \$ _____

For what purposes were the proceeds used?

Name and Addresses of winners of **\$250.00** or more:

(Attach additional pages as necessary)

We, the undersigned, do hereby certify that this report is true and complete.

(Accountant)

1. _____
2. _____
3. _____

Report certified to be in conformity with
C. 810, Acts of 1969:

Signature of authorized Officer or member

Asst Town Clerk